

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 11,802		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE		LOCAL FILE NO.
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP <input checked="" type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED	
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH: 06/23/16		DAY FRI	TIME: MILITARY 1216	
CRASH OCCURRED ON 605 Columbus Ave., Lebanon, OH 45036						WITHIN THE INTERSECTION OF 6-23-16				
IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)										CITY CODE
LOG-1		LOG-2		LOC JUR FH9 FILT						
A	UNIT NO. 1	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT Allstate Ins. Co.			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Miller, Lu Ann					ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 2759 Keever Rd., Lebanon, Oh 45036					
PHONE NO. (513) 932-5032		BIRTH DATE 6/20/60	AGE 56	SEX F	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. RK322810	OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) Same					ADDRESS			PHONE		
VEH YR 12	MAKE Ford	MODEL SW	COLOR Tan	STYLE SW	STATE OH	LICENSE PLATE NO. EUQ8118	TOWING SERVICE		VEH/PED DIR FROM N to S	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8	UNIT NO. 07	NO OF OCCUPANTS 0	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON-CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT USAA			
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Richards, Derreck					ADDRESS 3625 Knollbrook, Franklin, OH 45005					PHONE (513) 850-3008
PHONE NO.		BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.	OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME)					ADDRESS			PHONE		
VEH YR 07	MAKE Pontiac	MODEL G6	COLOR Grey	STYLE 4S	STATE OH	LICENSE PLATE NO. GVE1013	TOWING SERVICE		VEH/PED DIR FROM S to N	
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	POSITION		INJURIES		
		ADDRESS		PHONE	SEX	A B C D E F		A B C D E F		
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	POSITION		INJURIES		
		ADDRESS		PHONE	SEX	A B C D E F		A B C D E F		
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	POSITION		INJURIES		
		ADDRESS		PHONE	SEX	A B C D E F		A B C D E F		
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	POSITION		INJURIES		
		ADDRESS		PHONE	SEX	A B C D E F		A B C D E F		
A B C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL		
D E F		INJURED TAKEN TO		By		A B C D E F		A B C D E F		
A B C		INJURED TAKEN TO		By		A B C D E F		A B C D E F		
D E F		INJURED TAKEN TO		By		A B C D E F		A B C D E F		
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